

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">337366.19</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">345203.06</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">69837.17</span>	<span style="border: 1px solid black; padding: 2px;">124867.65</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">415040.23</span>	<span style="border: 1px solid black; padding: 2px;">462233.84</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">61764.77</span>	<span style="border: 1px solid black; padding: 2px;">99324.50</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">353275.46</span>	<span style="border: 1px solid black; padding: 2px;">362909.34</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

52779.41

69277.75

(ii) Unitemized .....

16455.54

22280.77

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

69234.95

123291.19

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

69234.95

123291.19

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

602.22

1576.46

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

69837.17

124867.65

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

69837.17

124867.65

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	764.77	1744.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	764.77	1744.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	97000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	580.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	580.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61764.77	99324.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61764.77	99324.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69234.95	123291.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69234.95	122711.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	764.77	1744.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	602.22	1576.46
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	162.55	168.04

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen Carl Albrecht MD**

Mailing Address 5909 Swayne Dr NE

City  
OlympiaState  
WAZip Code  
98516-9547FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Physicians LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2012

**Transaction ID : C1616915**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James Douglas Aldstadt MD**Mailing Address 4202 Southridge Ct  
Ste 300

City

Englewood

State

OH

Zip Code

45322-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	06	/	2012

**Transaction ID : C1608290**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Donald W Allen MD**Mailing Address PO Box 865  
830 East 1120 South

City

Coalville

State

UT

Zip Code

84017-0865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	27	/	2012

**Transaction ID : C1621568**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1650.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kurt Bradley Angstman MD**

Mailing Address 1697 Century Valley Rd Ne

City  
Rochester

State  
MN

Zip Code  
55906-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1617296

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Mary Ankers MD**

Mailing Address 137 Haggetts Pond Rd  
PO Box 295

City  
Andover

State  
MA

Zip Code  
01810-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Air Force - Veterans Health Affairs

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 16 / 2012

Transaction ID : C1616928

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Wendy S Bartanen MD**

Mailing Address 673 Ketch Creek Dr

City  
Lawton

State  
OK

Zip Code  
73507-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Defense

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 01 / 2012

Transaction ID : C1606350

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1235.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Laura Bean MD**

Mailing Address 632 Morrison Springs Rd Ste 200

City State Zip Code  
 Chattanooga TN 37415-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erlanger Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : C1621599**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Robert Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City State Zip Code  
 Holland OH 43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : C1621569**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Vicki M Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City State Zip Code  
 Holland OH 43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospice of Northwest Ohio

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : C1621570**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 57  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Holly Rose Rober Biola MD**

Mailing Address 1305 Georgia Ave

City State Zip Code  
Durham NC 27705-3155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Community Health Center

Occupation  
Family doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : C1623300**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ellen Sandra Brull MD**

Mailing Address 830 Arbor Ln

City State Zip Code  
Glenview IL 60025-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medicine Associates of Lutheran

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.40

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : C1612899**

Amount of Each Receipt this Period

83.40

Full Name (Last, First, Middle Initial)

**C. Terence Patrick Cahill MD**

Mailing Address 515 S Moore St  
Ste 1 United Clinics

City State Zip Code  
Blue Earth MN 56013-2158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHD Clinics

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : C1608372**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

833.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Adam Carlyle MD**

Mailing Address PO BOX 3014

2309 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine East

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : C1608378**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621724**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mark E Collins MD**

Mailing Address 354 N Maple Ave

City

Wood Dale

State

IL

Zip Code

60191-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1606001**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2965.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Michael Connolly MD**

Mailing Address 7410 Old Erie View Dr

City State Zip Code  
 Fayetteville NY 13066-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : C1621830**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Steven A Crawford MD**

Mailing Address 900 Ne 10Th St

City State Zip Code  
 Oklahoma City OK 73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : C1617048**

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

**c. Patricia A Czapp MD**

Mailing Address 102 Melvin Ave

City State Zip Code  
 Annapolis MD 21401-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anne Arundel Health System

Occupation

staff physician, Chair of Clinical Int

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : C1621557**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1698.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Craig Davenport MD**

Mailing Address 3918 Rock Dove Land

City

Edmond

State

OK

Zip Code

73013-5478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCAPS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : C1612403**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John D Davis MD**

Mailing Address 171 Honey Creek Ranch Rd

City

Hunt

State

TX

Zip Code

78024-3080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY PRACTICE ASSOC, PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : C1616938**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Frank B Dibble MD**

Mailing Address PO BOX 519

City

Rye Beach

State

NH

Zip Code

03871-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : C1616964**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1035.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara J Doty MD**

Mailing Address 2250 S Woodworth Loop  
Ste 100

City State Zip Code  
Palmer AK 99645-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Matanuska Health care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621832**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael J Doyle MD**

Mailing Address 3436 State Route 66

City State Zip Code  
Neptune NJ 07753-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : C1616925**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Stephen Eby MD**

Mailing Address 6004 Pineview Ln

City State Zip Code  
Cincinnati OH 45247-5926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621536**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nora Meaney Elman MD**

Mailing Address 6191 Senate Cir

City

East Amherst

State

NY

Zip Code

14051-1979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : C1608300**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Read Eplee MD**

Mailing Address 163 Deer Run

City

Atchison

State

KS

Zip Code

66002-6163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atchinson Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1606003**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Thomas Allen Felger MD**

Mailing Address 51181 Kings Xing

City

Granger

State

IN

Zip Code

46530-8812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : C1622876**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City

State

Zip Code

York

PA

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Strategic Health Institute

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : C1624541**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Michael O Fleming MD**

Mailing Address 556 Dunmoreland Dr

City

State

Zip Code

Shreveport

LA

71106-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Amedisys, Inc

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : C1623386**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Walter F Fletcher MD**

Mailing Address PO BOX 486

City

State

Zip Code

Martin

TN

38237-0486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621602**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Conrad L Flick MD**

Mailing Address 103 Greenway Overlook

City State Zip Code  
Cary NC 27518-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medical Associates of Raleigh

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : C1612035**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Patricia Fontaine Conboy MD**

Mailing Address 1100 Angelo Dr

City State Zip Code  
Golden Valley MN 55422-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners Research Foundation

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621548**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Jonathan P Forman MD**

Mailing Address 416 Saint Ives Dr

City State Zip Code  
Severna Park MD 21146-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Primary Care Physicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1606000**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Beth Anne Fox MD**

Mailing Address PO BOX 1445

City  
Kingsport

State  
TN

Zip Code  
37662-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ETSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1617307**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Myron Arthur Fribush MD**

Mailing Address PO Box 510

City  
Klawock

State  
AK

Zip Code  
99925-0510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kitka Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1607710**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Myron Arthur Fribush MD**

Mailing Address PO Box 510

City  
Klawock

State  
AK

Zip Code  
99925-0510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kitka Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621527**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J Gavareski MD**

Mailing Address 1505 Lakeway Pl

City

Bellingham

State

WA

Zip Code

98229-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

**Transaction ID : C1621550**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Andrea M Gavin MD**

Mailing Address 2600 Kiley Way

City

Plymouth

State

WI

Zip Code

53073-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2012

**Transaction ID : C1622874**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Daron W Gersch MD**

Mailing Address 310 Golfview Dr

City

Albany

State

MN

Zip Code

56307-9315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Area Hospital & Med. Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 30 / 2012

**Transaction ID : C1622959**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. James M Gill MD**

Mailing Address 17 Henderson Hill Rd

City State Zip Code  
 Newark DE 19711-5958

FEC ID number of contributing federal political committee.

C

Name of Employer

Family Medicine at Greenhill

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2012

Transaction ID : C1621547

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michael Jay Giorgi MD**

Mailing Address Po Box 95  
 701 Fairview Boulevard

City State Zip Code  
 Red Wing MN 55066-0095

FEC ID number of contributing federal political committee.

C

Name of Employer

Fairview Red Wing Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 23 / 2012

Transaction ID : C1620358

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Roland Adolph Goertz MD**

Mailing Address 1600 Providence Dr

City State Zip Code  
 Waco TX 76707-2261

FEC ID number of contributing federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 03 / 2012

Transaction ID : C1607665

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Deborah V Goodwin MD**

Mailing Address 9521 Bottle Creek Ln

City

Las Vegas

State

NV

Zip Code

89117-0501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. Medical Center, Southern Nevada

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : C1621577

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Joseph W Gravel MD**

Mailing Address 16 Patriot Way

City

North Reading

State

MA

Zip Code

01864-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Lawrence FHC

Occupation

Family physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2012

Transaction ID : C1613097

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Thomas David Greer MD**Mailing Address PO Box 360  
811 W South St

City

Henrietta

State

TX

Zip Code

76365-0360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T. David Greer, MD and Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : C1622866

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

1135.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara A Haeckler MD**

Mailing Address 17818 Greentree Ln

City

Hagerstown

State

MD

Zip Code

21740-7865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keystone Family Medicie

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2012

**Transaction ID : C1612538**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Boyde Jerome Harrison MD**

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : C1613244**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael H Hartsell MD**Mailing Address 1404 Tusculum Blvd  
MOB # 3 Suite 2100

City

Greeneville

State

TN

Zip Code

37745-4329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

**Transaction ID : C1621603**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Heinemann MD**

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2012

**Transaction ID : C1617865**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Karl Frederick Hempel MD**

Mailing Address 533 Bobbin Brook Lane

City

Tallahassee

State

FL

Zip Code

32308-4632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : C1612540**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Julia A Heng MD**

Mailing Address 7630 Hobby Horse Lane

City

Concord

State

OH

Zip Code

44060-6822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Hospital System

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1617309**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Audrey Maria Hodge MD**

Mailing Address PO BOX 167

City

Union Springs

State

AL

Zip Code

36089-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1617305**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Thomas Brent Hoehns MD**

Mailing Address 1301 163rd Place

City

Knoxville

State

IA

Zip Code

50138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621520**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Thomas Leon Horton MD**

Mailing Address 421 Medical Center Dr SW

City

Fort Payne

State

AL

Zip Code

35968-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2012

**Transaction ID : C1613288**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

990.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James S Irwin MD**

Mailing Address 112 5Th Ave W

Family Care Physicians, P.A.

City

Jerome

State

ID

Zip Code

83338-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621589**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ernest J Jones MD**

Mailing Address PO BOX 155

Ste 200

City

Carthage

State

TN

Zip Code

37030-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carthage Family Healthcare Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621600**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Marilyn Jones MD**

Mailing Address 1 W National Rd

City

Vandalia

State

OH

Zip Code

45377-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vandalie Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : C1606004**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard H Jones MD**

Mailing Address 106 W Howell Ave

City

Alexandria

State

VA

Zip Code

22301-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Durney Medical Services, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 09 / 2012

Transaction ID : C1612545

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Samuel M Jones MD**

Mailing Address 10145 Community Ln

City

Fairfax Station

State

VA

Zip Code

22039-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VCU-Fairfax Family Practice Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : C1621596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Giselle Joseph MD**

Mailing Address 13006 Ivy Dr  
 PO BOX 17500

City

Beltsville

State

MD

Zip Code

20705-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

York Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 28 / 2012

Transaction ID : C1621532

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1165.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carla Lee Kakutani MD**

Mailing Address 438 Abbey St

City

Winters

State

CA

Zip Code

95694-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sutter Medical Group

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

**Transaction ID : C1607662**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Rick Kellerman Md Kellerman MD**

Mailing Address 521 N Armour St

City

Wichita

State

KS

Zip Code

67206-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas University School of Medicine-W

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : C1616961**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. James Darrel King MD**

Mailing Address 270 E Court Ave

Ste B

City

Selmer

State

TN

Zip Code

38375-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Primecare Medical Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

**Transaction ID : C1617294**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Don R Klitgaard MD**

Mailing Address 1305 Onyx Dr

City  
Harlan

State  
IA

Zip Code  
51537-1543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Myrtue Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2012

**Transaction ID : C1617060**

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

## **B. Laura C Knobel MD**

Mailing Address 3 Freedom Way

City  
Walpole

State  
MA

Zip Code  
02081-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2012

**Transaction ID : C1617059**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. Kimberly T Krohn MD**

Mailing Address 2501 Brookside Dr

City  
Minot

State  
ND

Zip Code  
58701-6822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Dakota

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621826**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

716.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark H Krotowski MD**

Mailing Address 8923 Avenue A

City

Brooklyn

State

NY

Zip Code

11236-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 11 / 2012

Transaction ID : C1613164

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kaparaboyana Ashok Kumar MD**

Mailing Address 18718 Needle Rock

City

San Antonio

State

TX

Zip Code

78258-4638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Health Science Center @SA

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 30 / 2012

Transaction ID : C1622958

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Ted S Lancaster MD**

Mailing Address 3007 Sloan Cir

City

Jonesboro

State

AR

Zip Code

72404-0926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lawrence Co. Family Clinic

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2012

Transaction ID : C1622873

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

985.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert A Lee MD**

Mailing Address 9116 Hammontree Dr

City

Urbandale

State

IA

Zip Code

50322-7427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee and Ruisch

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : C1622961**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Daniel Scott Lewis MD**

Mailing Address 35 Earlington Dr

City

Greeneville

State

TN

Zip Code

37743-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Takoma Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621835**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tom Dale Livesay MD**

Mailing Address 234 Jefferson St

City

Harrogate

State

TN

Zip Code

37752-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Livesay Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : C1622916**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Richard F Madden MD**

Mailing Address 609 Christopher Dr

City State Zip Code  
 Belen NM 87002-2615

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Presbyterian Healthcare Services

Occupation  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 04 2012

Transaction ID : C1607705

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Michael Allen McAdoo MD**

Mailing Address 6041 Telecom Dr

City State Zip Code  
 Milan TN 38358-3448

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self-Employed (Milan Medical Center)

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 16 2012

Transaction ID : C1616927

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289  
 100 Serendipity Dr

City State Zip Code  
 Brent AL 35034-0289

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 05 2012

Transaction ID : C1605999

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

3395.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 06 / 2012

**Transaction ID : C1608286**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 16 / 2012

**Transaction ID : C1616926**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 20 / 2012

**Transaction ID : C1617295**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Transaction ID : C1621642

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kathleen J Miller MD**

Mailing Address 9 Oak Ridge Dr

City

Decatur

State

IL

Zip Code

62521-4661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

Transaction ID : C1616930

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Anne M Montgomery MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : C1618525

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John F. Mueller MD**

Mailing Address 69 Snipatuit Rd

City  
Rochester

State  
MA

Zip Code  
02770-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621606**

Amount of Each Receipt this Period

366.00

Full Name (Last, First, Middle Initial)

**B. Timothy Allyn Munzing MD**

Mailing Address 10948 Dishman Place

City  
Tustin

State  
CA

Zip Code  
92705-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

So Cal Permanente Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621627**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. R W Nicholson MD**

Mailing Address 801 Cobblestone Dr

City  
Evansville

State  
IN

Zip Code  
47715-4288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderburgh County Health Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621780**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cheri L Olson MD**

Mailing Address 102 Kinder Rd

City

La Crescent

State

MN

Zip Code

55947-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621575**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Javette C Orgain MD**

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF  
MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621725**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Ostergaard MD**

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy of Family Physicians

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621784**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

995.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adriana Rose Padilla MD**

Mailing Address 845 W Princeton Ave

City State Zip Code  
 Fresno CA 93705-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : C1612544**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Judith A Pauwels MD**

Mailing Address 827 31st Ave

City State Zip Code  
 Seattle WA 98122-5023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : C1621595**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brian Robert Pentt MD**

Mailing Address 309 Allston St  
 Apt 6

City State Zip Code  
 Brighton MA 02135-7629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Boston Medical Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : C1622953**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Manh Duc Pham MD**

Mailing Address 5462 Whittlesey Blvd  
Apt 118

City State Zip Code  
Columbus GA 31909-2191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1617323**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Bryan Anthony Picou MD**

Mailing Address 1029 Keyser Ave Ste G  
# A

City State Zip Code  
Natchitoches LA 71457-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Natchitoches Medical Clinic

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : C1621572**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Marguerite B Picou MD**

Mailing Address 907 Parkway Dr  
# A

City State Zip Code  
Natchitoches LA 71457-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : C1621573**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David C Rau MD**

Mailing Address 4232 N Riverside Dr

City  
Columbus

State  
IN

Zip Code  
47203-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rau Family Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621571**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Paul J Reiss MD**

Mailing Address 17 Lyman Dr

City  
Williston

State  
VT

Zip Code  
05495-9622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen Family Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621565**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Bernard Richard MD**

Mailing Address 1926 Declaration Dr

City  
Greenfield

State  
IN

Zip Code  
46140-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Physicians of Indiana

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : C1621833**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark David Robinson MD**

Mailing Address 812 Rothmoor Dr Ne

City

Concord

State

NC

Zip Code

28025-2582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

**Transaction ID : C1621581**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

03 / 19 / 2012

**Transaction ID : C1617125**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Shirley Uhl Salvatore MD**

Mailing Address 10 Hastings Ct

City

Pueblo

State

CO

Zip Code

81001-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centura Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

**Transaction ID : C1621782**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City  
HilliardState  
OHZip Code  
43026-9785FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Medical CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	20	/	2012

Transaction ID : C1623398

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Erika Schillinger MD**

Mailing Address PO Box 620685

City  
WoodsideState  
CAZip Code  
94062-0685FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanford UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	05	/	2012

Transaction ID : C1607712

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Guy Thomas Selander MD**

Mailing Address 2809 Forest Cir

City  
JacksonvilleState  
FLZip Code  
32257-5615FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	09	/	2012

Transaction ID : C1612542

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Wm Shannon MD**

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 19 / 2012

**Transaction ID : C1617126**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard M Shaw MD**

Mailing Address 475 White Swan Ct

City

Simi Valley

State

CA

Zip Code

93065-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 27 / 2012

**Transaction ID : C1621531**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Richard M Shaw MD**

Mailing Address 475 White Swan Ct

City

Simi Valley

State

CA

Zip Code

93065-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 27 / 2012

**Transaction ID : C1621544**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew Clifford Smith MD**

Mailing Address PO BOX 370

207 Lorenz Lane

City

Guttenberg

State

IA

Zip Code

52052-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associate

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : C1617312**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Gil Solomon MD**

Mailing Address 24508 Indian Hill Ln

City

West Hills

State

CA

Zip Code

91307-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anthem Blue Cross

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : C1621543**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Douglas Alan Spotts MD**

Mailing Address 45 Forestwood Dr

City

Lewisburg

State

PA

Zip Code

17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evangelical Community Hospital

Occupation

Family Physician/Chief Medical Informa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : C1623217**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory J Steinmetz MD**

Mailing Address 150 Bluff Ave

City

Cranston

State

RI

Zip Code

02905-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APCM

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2012

Transaction ID : C1621587

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Hugh M Taylor MD**

Mailing Address 15 Railroad Ave

City

South Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates LLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 18 / 2012

Transaction ID : C1617093

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**c. Matthew James Tulloch MD**

Mailing Address 110 Morgan Way

City

Milton

State

DE

Zip Code

19968-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 06 / 2012

Transaction ID : C1608370

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tracie Dalene Updike MD**

Mailing Address 2933 Park Plaza Ln

City

Port Arthur

State

TX

Zip Code

77642-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2012

Transaction ID : C1622907

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ty Townsend Webb MD**

Mailing Address 500 Brewington Rd

City

Sparta

State

TN

Zip Code

38583-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cumberland Family Care, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 30 / 2012

Transaction ID : C1622910

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Robert J Weber MD**

Mailing Address 1375 Meadowridge Rd

City

Watsonville

State

CA

Zip Code

95076-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 30 / 2012

Transaction ID : C1622963

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Jo Jo Welker MD**

Mailing Address OSU-Rardin Family Practice Center  
 2231 N High St

City State Zip Code  
 Columbus OH 43201-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio State University

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : C1621604**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert L Wergin MD**

Mailing Address 10500 W A St

City State Zip Code  
 Lincoln NE 68532-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Memorial Health Care, Seward, NE

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : C1622887**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City State Zip Code  
 Dahlonega GA 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Chestatee Regional Hospital

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2012

**Transaction ID : C1617078**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David P Wright MD**

Mailing Address 1313 Red River St Ste 100

City State Zip Code  
Austin TX 78701-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : C1621592**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Teresa W Zryd MD**

Mailing Address 3409 Darbyshire Dr

City State Zip Code  
Dayton OH 45440-3674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weigul State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : C1612537**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

620.00

**TOTAL** This Period (last page this line number only)..... ►

52779.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
 Leawood KS 66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2012

**Transaction ID : C1607715**

Amount of Each Receipt this Period

504.92

Full Name (Last, First, Middle Initial)

## **B. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
 Leawood KS 66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : C1616920**

Amount of Each Receipt this Period

97.30

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

602.22

602.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 02 2012
**Transaction ID : D126914**

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 05 2012
**Transaction ID : D126915**

Amount of Each Disbursement this Period

11.38

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 05 2012
**Transaction ID : D126916**

Amount of Each Disbursement this Period

4.06

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

Transaction ID : D126917

Amount of Each Disbursement this Period

48.75
-------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2012

Transaction ID : D126918

Amount of Each Disbursement this Period

97.50
-------

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

Transaction ID : D126919

Amount of Each Disbursement this Period

6.50
------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

152.75
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

3.25

8.13

03 / 19 / 2012

8.13

19.51

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 20 2012
**Transaction ID : D127092**

Amount of Each Disbursement this Period

10.83

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 22 2012
**Transaction ID : D127095**

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 23 2012
**Transaction ID : D127096**

Amount of Each Disbursement this Period

3.25

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

79.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 26 2012
**Transaction ID : D127097**

Amount of Each Disbursement this Period

1.30

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 26 2012
**Transaction ID : D127098**

Amount of Each Disbursement this Period

0.98

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 29 2012
**Transaction ID : D127099**

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10.23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Excess Transaction Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      30      2012

Transaction ID : D127100

Amount of Each Disbursement this Period

14.85

Full Name (Last, First, Middle Initial)

**B. Bank Of America Merchant Services**Mailing Address WA2-505-01-40  
PO Box 2485

City Spokane      State WA      Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      01      2012

Transaction ID : D126913

Amount of Each Disbursement this Period

461.05

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.90

764.77

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2012

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement  
Campaign contribution

Candidate Name

Category/  
Type

Transaction ID : D125595

Amount of Each Disbursement this Period

15000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. HUFFMAN FOR CONGRESS 2012**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2012

Mailing Address P.O. BOX 151563

City	State	Zip Code
SAN RAFAEL	CA	94915

Purpose of Disbursement  
Campaign contribution

Candidate Name

JARED MR. HUFFMAN

Category/  
Type

Transaction ID : D127043

Amount of Each Disbursement this Period

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CA District: 06

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

Purpose of Disbursement  
Campaign contribution

Candidate Name

Category/  
Type

Transaction ID : D126927

Amount of Each Disbursement this Period

15000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

32500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO RE-ELECT ED TOWNS**

Mailing Address 438 Lewis Avenue

City	State	Zip Code
Brooklyn	NY	11233

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Edolphus Towns

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 10

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2012

Transaction ID : D126948

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NJ	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2012

Transaction ID : D126929

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City	State	Zip Code
EVANSTON	IL	60204

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 09

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : D125589

Amount of Each Disbursement this Period

1500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. JOHN D. DINGELL FOR CONGRESS**

Mailing Address 607 14th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. John D. Dingell

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

Transaction ID : D125500

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. YODER FOR CONGRESS**

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Kevin Yoder

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : D126925

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Larry Bucshon

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : D126926

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
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Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tim Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2012

**Transaction ID : D126957**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**Mailing Address 426 C St NE  
Rear Building

City Washington	State DC	Zip Code 20002
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Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2012

**Transaction ID : D125501**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BOB CASEY FOR SENATE INC**

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA	State PA	Zip Code 19102
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Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Bob Casey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2012

**Transaction ID : D126928**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR HARKIN**

Mailing Address P O BOX 811

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Tom Harkin**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

**Transaction ID : D125591**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE**Mailing Address 228 S. Washington Street  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Fred Upton**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 06

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

**Transaction ID : D126995**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 40385

City	State	Zip Code
Washington	DC	20016-0385

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

**Transaction ID : D125502**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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61000.00
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